

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
16145238

FILING DATE
8/31/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51	1				
2		1					52	1				
3		1					53	3				
4		1					54	3				
5		1					55	1				
6		1					56	1				
7		1					57	1				
8		1					58	1				
9		1					59	1				
10		1					60	1				
11		1					61	1				
12		1					62	1				
13		1					63	1				
14		1					64	1				
15		1					65	1				
16		1					66	1	1			
17		1					67	1	1			
18		3					68					
19		3					69					
20		1					70					
21		1					71					
22	1	1					72					
23	1	1					73					
24		1					74					
25		1					75					
26		1					76					
27		1					77					
28		1					78					
29		1					79					
30		1					80					
31		1					81					
32		1					82					
33		1					83					
34		1					84					
35		1					85					
36	4	1					86					
37	4	1					87					
38		1					88					
39		1					89					
40		1					90					
41		1					91					
42		1					92					
43		1					93					
44		1					94					
45		1					95					
46		1					96					
47		1					97					
48		1					98					
49		1					99					
50		1					100					
TOTAL IND.	5						TOTAL IND.	14				
TOTAL DEP.	15	1					TOTAL DEP.	17				
TOTAL CLAIMS	21						TOTAL CLAIMS	21				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS